FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instruc	_	Office use only
1. NAME OF COMMITTEE (in	(Check if name full) is changed)	Example: If typying, type over the lines	12FE4M5
ا ، Iranian Americ	çan Political Action Committee		
	40 West 57th Stree	<u>                                     </u>	
ADDRESS (number and	street)		<u> </u>
X (Check if addr			
is changeu)	New York		NY 10019 - 1111
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS politicalcompliance.com		ı
			<del></del>
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N 7034258352	NUMBER		
2. DATE 0.5	1 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER	C C00382028	
4. IS THIS STATEM	MENT NEW (N) OR	X AMENDED (A)	
I certify that I have exam	ned this Statement and to the best of my k	knowledge and belief it is true, correct	and complete
Torra or Brist Name of	Treasurer Akbar Ghahar	v Ph D	
Type or Print Name of	reasurer	,, <del>.</del>	
Signature of Treasurer	Electronically Filed by <b>Akbar G</b>	ihahary, Ph.D.	Date 05 / 23 / Y Y Y O 6
NOTE: Submission of fa		may subject the person signing this SI	atement to the penalties of 2 U.S.C. S437g.  WITHIN 10 DAYS
Office Use Only		For further information Federal Election Comm Toll Free 800-424-9530	ission FEC FORM 1

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5.	TYPE OF COMMITTEE (Check One)		
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)		
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate	
	Name of Candidate		
	Candidate Office Party Affiliation Sought: House Senate President	State	
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name of Candidate		
		Democratic, epublican,etc.) Party.	
	(e) This committee is a separate segregated fund		
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated for committee.	und or party	
6.	Name of Any Connected Organization or Affiliated Committee		
L			
	Mailing Address		
	CITY▲ STATE ▲	ZIP CODE 🛦	
	<u>.</u>		
	Relationship		
Type of Connected Organization:			
	Corporation Corporation w/o Capital Stock Labor Organization	tion	
	Membership Organization Trade Association Cooperative		

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Write or Type Committee Name			
Iranian American Politic	cal Action Committee		
<ol> <li>Custodian of Records: Ide possession of Committee</li> </ol>	entify by name, address, (phone nun books and records.	nber optional), and position of t	he person in
Full Name	nian American PAC, Inc.		
Mailing Address	720 Fifth Avenue		
	9th Floor		
	New York	NY	10019 _
Title or Position ♥	CITY A	STATE▲	ZIP CODE ▲
		<b>212</b> Telephone number	765       2766
			_
3. <b>Treasurer:</b> List the name name and address of any	and address (phone number optic designated agent (e.g., assistant tre	onal) of the treasurer of the commeasurer).	nittee; and the
Full Name of Treasurer Akbar (	Ghahary, Ph.D.		
Mailing Address	2 Ackerman Avenue		
	Clifton	NJ	07011 _
Title or Position ♥	CITY A	STATE▲	ZIP CODE ▲
Treasurer		Telephone number 973	
Full Name of Designated Agent			
Mailing Address			
Title or Position ♥	CITY A		ZIP CODE A
		Telephone number	

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9.	Banks or Other I	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds accounts ses or maintains funds.	, rents
	Name of Bank, De	epository, etc.	
		Bank of America	1 1 1 1
	Mailing Address	P.O. Box 150462	
		Hartford CT 06115	5

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$ 

CITY 🗷

Corporation

Membership Organization

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Banks or Other Depositories: safety deposit boxes or maintains Name of Bank, Depository, etc.	List all banks or other depositories in which the committee deposits funds.	ds, holds accounts, rents
Mailing Address	Stanton Christiana Road  Newark  CITY  STATE	19713
Name of Any Connected Orga	nnization or Affiliated Committee	[ ADDITIONAL ]
Mailing Address		
	CITY A STATE A	ZIP CODE 🛦
Relationship		
Type of Connected Organization	ı:	

Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

Designated Agent			[ ADDITIONAL ]
Full Name			
Title or Position ♥	CITY A	STATE	ZIP CODE A
	т	elephone number	